

DGS-00-024  
(Rev. 07/01)  
CP-2

367-6987

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF GENERAL SERVICES  
OFFICE OF FLEET MANAGEMENT SERVICES**

**TRAVEL REQUEST**

2400 W. Leigh St.

Division \_\_\_\_\_  
Department \_\_\_\_\_  
Agency \_\_\_\_\_

Compt. Code \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

Vehicle Request From \_\_\_\_\_ 19\_\_\_\_, \_\_\_\_\_ AM  
PM To \_\_\_\_\_ 19\_\_\_\_, \_\_\_\_\_ AM  
PM

Itinerary \_\_\_\_\_

\_\_\_\_\_ is authorized to obtain a Trip Vehicle and the validity of his/her  
Operator's Name  
operators license has been verified. Operator license validation has been / will be performed for any other person who may be  
authorized to drive this vehicle.

Signed \_\_\_\_\_  
(Person authorized by agency to issue request)

**(Office of Fleet Management's Use Only)**

Billing Code \_\_\_\_\_ Pool No. \_\_\_\_\_ Meter in \_\_\_\_\_

Issued \_\_\_\_\_ / \_\_\_\_\_ 19\_\_\_\_, \_\_\_\_\_ AM  
PM By \_\_\_\_\_ Meter out \_\_\_\_\_

Returned \_\_\_\_\_ / \_\_\_\_\_ 19\_\_\_\_, \_\_\_\_\_ AM  
PM By \_\_\_\_\_ (Initials) Trip Miles \_\_\_\_\_

Operators \_\_\_\_\_  
License No. \_\_\_\_\_

Operators \_\_\_\_\_  
Signature \_\_\_\_\_